

# QuiHN Community Withdrawal Program (Detox at Home) Referral Form



**Please return completed form to:**  
admin.cwp@quihn.org

**Questions:** Contact us on 07 5520 7900

## Program Details

The Community Withdrawal Program (Detox at Home) is for patients with a substance dependence, predicted to experience low to moderate signs and symptoms of withdrawal wishing to undergo withdrawal (detox) from the comfort of their own home. Patients will be supported by a team that includes an Alcohol and Other Drugs (AOD) Nurse Practitioner, Registered Nurse, Counsellors, as well as a support person and possibly the patient's GP, if required.

All details below must be completed in full or the referral will be returned. The referrer will be contacted when referral is received and notified of assessment outcome once completed. Patient will be contacted to complete the intake process to further assess for eligibility.

## Eligibility Criteria

The following outlines the key eligibility criteria for people wishing to access this service:

- The person presents with substance use issues in alignment with the below:
  - Alcohol: Ingests 25 standard drinks maximum per day
  - Benzodiazepines: Ingests 40mg maximum per day (diazepam equivalent)
  - Cannabis: Smokes 20 cones maximum per day (approx. ¼ ounce)
  - Amphetamines (ice, cocaine): Using 1 gram maximum per day
  - Opioids: please refer, assessment of use is required by QuiHN nurse practitioner
  - Polydrug use: please refer, assessment of use is required by QuiHN nurse practitioner
- The person is willing to participate in this program including signature agreement to the Program Guidelines.
- The person is willing and able to follow directions to support ceasing AOD use.
- The person has a suitable home environment to participate in this program (i.e., alcohol/drug free, no major domestic tensions or family issues, no other people requiring significant care)
- The person can access emergency treatment if required during the withdrawal process.
- The person IS NOT pregnant.
- The person DOES NOT have a history of severe symptoms from AOD withdrawal (e.g., hallucinations, seizures, tremors).
- The person DOES NOT have serious liver damage (e.g., Liver Function Tests).
- The person DOES NOT have an unstable mental health condition (e.g., psychosis, depression, anxiety, bipolar disorder, schizophrenia, suicidal ideation, thoughts of self-harm).

- The person DOES NOT have any other serious medical condition that would pose increased risk during AOD withdrawal (e.g., respiratory insufficiency, cardiac conditions, neurological conditions, unstable diabetes).

**Patient meets ALL eligibility criteria listed above:**

**Patient Consent obtained:**

**Referring General Practitioner/Health Professional Details:**

|                  |                        |
|------------------|------------------------|
| <b>Name:</b>     | <b>Profession:</b>     |
| <b>Practice:</b> | <b>Practice Phone:</b> |
| <b>Address:</b>  | <b>Email:</b>          |

**Date:**

**Patient Details**

|                 |                      |
|-----------------|----------------------|
| <b>Name:</b>    | <b>Home Phone:</b>   |
| <b>DOB:</b>     | <b>Mobile phone:</b> |
| <b>Gender:</b>  |                      |
| <b>Address:</b> | <b>Email:</b>        |

**Primary substance of concern:**

If other, please specify:

**Secondary substance of concern:**

If other, please specify:

**Please attach pathology results if less than 4 weeks old.**

**Minimum Blood Tests if available:**

FBC, LFTs, Coagulation, BBVs (if risks identified)

**Pulse:**

**Weight:**

**Blood pressure:**

**Relevant medical history, if available:**

**Current medications, if known:**

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